



WISCONSIN

DEPARTMENT OF WORKFORCE DEVELOPMENT

Division of Economic Support
Bureau of Welfare Initiatives

**TO: Economic Support Supervisors
Economic Support Lead Workers
Training Staff
FSET Administrative and Provider Agencies
Child Care Coordinators
W-2 Agencies**

BWI OPERATIONS MEMO

No.: 99-45

File: 2480.5

Date: 06/24/99

Non W-2 [] W-2 [X] CC []

PRIORITY: High

**FROM: Stephen M. Dow
Program Implementation Team
Policy Analysis and Program Implementation Section**

SUBJECT: COMMUNITY REINVESTMENT (CR)

CROSS REFERENCE: Wisconsin Works Implementation Contract

EFFECTIVE DATE: Immediately

PURPOSE

This memo provides guidance on allowable uses of Community Reinvestment funds and proper data reporting processes.

BACKGROUND

A provision in the Wisconsin Works Implementation Contract allows agencies early access to unspent contract funding to spend on Community Reinvestment (CR) activities. An announcement was made last year that the Department would implement this contract provision.

W-2 agencies who have chosen to access the Community Reinvestment (CR) funds have submitted their plans to the DES Regional Offices outlining how those monies will be used. The Department instructed W-2 agencies that the CR plans must be consistent with the requirements and purposes of the Temporary Assistance for Needy Families (TANF) program, and furthermore that services must be allowable under TANF.

TANF purposes:

- End the dependence of families on government benefits.
- Provide assistance that enables children to be cared for by parents or in the homes of relatives.
- Prevent and reduce the incidence of out of wedlock pregnancies.
- Encourage the formation and maintenance of two-parent families.

ELEMENTS OF ALLOWABLE CR PLAN

Agencies were instructed to adhere to the following guidelines to develop an allowable CR plan:

1. Agencies may provide services as described under the federal fiscal year 1999-federal fiscal year 2000 Wisconsin Temporary Assistance for Needy Families (TANF) block grant state plan. **Agencies that sought to provide services already described in the state plan can implement CR activities immediately upon approval from the Department, agencies proposing activities not included must wait for the Department to modify the state TANF plan.**
2. These monies may be used to serve families whose income does not exceed 200% of the federal poverty level (for family size 3, \$27,760 a year).
3. Families to be served must be TANF-eligible: have a minor child in the home or a pregnant woman.
4. Agencies must be cautious in designing programs and services that result in participants being considered to have received assistance as defined by the Administration for Children and Families, federal Department of Health and Human Services. This may result in a family having months counted toward the 60-month lifetime eligibility limit.
5. Agencies must provide assurances that the services are over and above those required under the Wisconsin Works Implementation Contract and included in their W-2 Plan. This may include providing services outside those described in their W-2 Plan, providing services for a larger number of individuals or a broader range of services than those described in their W-2 Plan or providing monies for work-related tools and equipment, auto repair, emergency housing assistance, etc.
6. No additional administrative amount is available beyond the amount already included in the Wisconsin Works Implementation Contract.
7. These services and families served must be tracked through CARES, as the Department is subject to the TANF reporting requirements for these funds. The tracking does not need to be completed by a public employee.
8. Community Reinvestment services are subject to the same verification requirements as other W-2 services.
9. Services provided to families receiving Community Reinvestment funds may be continued for a maximum of 12 months. After 12 months a review must be completed to issue further services.

THE DEFINITION OF “ASSISTANCE” AND THE IMPACT ON CR REPORTING

The term “assistance” in the Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA; the federal law that authorizes Temporary Assistance for Needy Families) is used to direct states as to the penalties and prohibitions under TANF and the data collection requirements, among other things.

TANF “Assistance” includes cash, payments, vouchers, and other forms of benefits designed to meet a family’s ongoing needs (food, clothing, shelter, utilities, household goods, personal care items and general incidental expenses).

The definition excludes:

1. Nonrecurrent, short term benefits that are designed to deal with a specific crisis situation or episode of need (not intended to meet ongoing needs) and that won’t extend beyond four months.
2. Work subsidies,
3. Supportive services such as child care and transportation when provided to an employed family,
4. Refundable earned income tax credits,

5. Individual Development Accounts,
6. Services such as counseling, case management, other job retention and advancement services that do not provide basic income support.

CR REPORTING

Agencies were instructed that the services and families served must be tracked through CARES. Further, W-2 agencies are responsible to manually track the necessary data for TANF reporting purposes until the CARES system is programmed for CR requirements.

Appropriate tracking and verification of CR activities is critical to ensure that neither the Department or (by extension) the W-2 agencies are penalized for spending TANF dollars inappropriately. Appropriate data collection and reporting is the only means the federal Department of Health and Human Services (DHHS) has to ensure state program compliance, and as such, it is taken very seriously. DHHS has the authority to financially penalize states to up to 25% of the TANF block grant for failure to comply with program requirements such as data reporting.

There are three different groups of “types” of Community Reinvestment (CR) services. These categories mandate different levels of reporting as follows:

Non-assistance Services

Services provided to an individual that does not meet the TANF definition of “assistance”. These services are not counted toward the 60-month lifetime limit and are not subject to the individual federal reporting requirements. Minimal individual level of data must be tracked to ensure TANF eligibility. Expenditure reporting would be done in CARS, very much like Emergency Assistance is done now.

Examples of this category include:

- Job-search activities,
- Counseling activities, such as alcohol or drug abuse (AODA) or mental health,
- Transportation or child care provided to an employed family,
- “Nonrecurrent” or emergency services.

Agencies using CR funds for services of this nature need to collect the individual level data; page 6 of this memo provides a model for that collection. Keep the form in the agency case file.

Assistance Services

Services provided to an individual that meets the federal definition of assistance as described in the TANF rule. These services count toward the federal participation requirements and 60-month time limit. Federal reporting data must be provided at the risk of severe financial penalties. Agencies must submit manual reporting forms on a monthly basis until Community Reinvestment data input ability is implemented in CARES.

Examples of this category include:

- Supportive services provided to a family who is not employed,
- Cash, grants or vouchers.

Agencies using CR funds for services of this nature need to fill out a manual data reporting form for each family. A template for that report is on page 9 of this memo. Submit your reports to the department on a monthly basis. Agencies may use pages 6-8 of this memo as a model for developing their own CR application.

As a temporary measure, agencies are to turn in manual data reporting forms to their Regional Office by the 10th of the following month.

Group Services

Services provided in a group format, making it difficult to collect individual or family level data. Examples of this type of service would not include general Job Center supportive funding because no approved Community Reinvestment plans to date have included this as a service. Thus, persons receiving Community Reinvestment services delivered through the Job Center should have the appropriate level of individual level data collected.

Examples of group services include:

- hotlines,
- funding to food pantries,
- funding to clothing centers.

W-2 agencies funding CR services of this nature must use a cost allocation methodology. No more than 10% of the W-2 agency's total CR allocation can be used to provide group services. Expenditure reporting would be done in CARS using the CR CARS profiles. Agencies need to ensure under this scenario that use by families does not constitute "assistance".

W-2 Agencies must stipulate through assurances that the appropriate percentage of the budget for these services is met through the use of Community Reinvestment funding. Quarterly surveys of types of clients using the services will be required to support the applied percentage of the budget supplied by the community reinvestment dollars. Survey data must be collected on a sufficient number of persons to justify the cost allocation methodology. Survey data must be verified in accordance with the verification requirements outlined for W-2. Agencies are encouraged to use existing current CARES case information that may already exist for the Food Stamp or Medicaid case whenever available.

MODIFYING/UPDATING A CR PLAN

A Community Reinvestment plan modification must be requested by the W-2 Agency in the event the W-2 Agency elects to implement a previously unapproved activity under the W-2 Agency's Community Reinvestment Plan.

The proposed modification must describe: what services are proposed to be provided; to whom (including the income eligibility); by what service provider(s); when (time period); an estimated budget; a description of how the Community Reinvestment services do not duplicate services or persons to be served included in the W-2 Agency's Wisconsin Works Implementation Contract (defined in the approved W-2 Plan) and be based on the State's TANF Plan.

NEXT STEPS

Agencies should continue to route questions on CR to the Regional Office. Follow-up guidance with relevant Questions and Answers will be forthcoming.

MODEL

W-2 COMMUNITY REINVESTMENT APPLICATION

COMMUNITY REINVESTMENT SERVICE:			
CASEHEAD INFORMATION: Name			Social Security Number
Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female			Date of Birth
Address			Marital Status
City		State	Zip Code
Mailing Address (if different)			Home Telephone Number ()
U.S. Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No Qualified Alien <input type="checkbox"/> Yes <input type="checkbox"/> No			Alien Registration Number
Check the ethnic group of the person applying. You do not have to answer this question, but it will help determine compliance with the Federal Civil Rights Act of 1964. Your answer will not affect your application.			
<input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> White <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian or Pacific Islander			
Are you the parent of a child(ren) under the age of 18? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Does your child(ren) live with you? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Family Income: list all family members income			
Employment Income (Including Self-Employment)			
Family Member	Employer	Monthly Gross Income	Weekly Hours
		\$	
		\$	
		\$	
Unearned Income (such as child support, SSI, SSDI, inheritance, retirement, interest, grants, charity)			
Family Member	Source	Amount per Month	
		\$	
		\$	
		\$	
W-2 AGENCY DETERMINATION: Will the Community Reinvestment Service result in benefits that meet the federal definition of "assistance" and result in time applied toward the 60-month lifetime limit? <input type="checkbox"/> Yes <input type="checkbox"/> No			
IF THE RESPONSE IS "NO", STOP HERE. SIGN APPLICATION HERE.			
IF THE RESPONSE IS YES, PLEASE CONTINUE.			
Signature of Primary Person			Date
Signature of Other Adult			Date
Signature of Authorized Representative			Date
Signature of Agency Witness			Date

CONTINUE TO RESPOND IF ASSISTANCE WILL BE PROVIDED THAT MUST COUNT TOWARD THE 60-MONTH TIME LIMIT.

Are you age 18 or older? ☐ Yes ☐ No

Are you a Wisconsin resident? ☐ Yes ☐ No

Is there any member of the household who is a fleeing felon
avoiding prosecution, or who is violating a condition of probation or parole
or who is a convicted drug felon since August 22, 1996? ☐ Yes ☐ No

If yes, write in name or names. _____

Highest Grade Completed: _____

Highest Educational Degree Attained

- ☐ Grade School ☐ GED ☐ High School Diploma
☐ Technical College ☐ University/College
☐ College Degree(s) (list)

Are you receiving Supplemental Security Income (SSI)? ☐ Yes ☐ No

Are you receiving Social Security Disability Insurance (SSDI)? ☐ Yes ☐ No

Are you willing to do **all** of the following? ☐ Yes ☐ No

- give or apply for Social Security Numbers as required?
- report changes (example: family or job status, finances) that may affect your eligibility within ten (10) days?
- cooperate with the child support agency?

Basic Family Information

List all family members who live with you, providing the following information

Names	Ethnic Group	Citizenship	Birth Date	Relationship to Casehead	SSN

Absent Parent Information

Child(ren)'s Name(s)	Absent Parent's Name	Absent Parent's Social Security #

VERIFICATION

I authorize the W-2 agency, county or tribal human/social services agency and the Department of Workforce Development to request and receive any information that is appropriate and necessary for the proper administration of the Community Reinvestment services. Sources of information may include, but are not limited to, the Internal Revenue Service, Social Security Administration, Unemployment Insurance Division, and the Department of Transportation. I also understand that any person, including any financial institution, credit reporting agency, employer, or educational institution is authorized to release this information, according to Wisconsin Statute, s.49.22(2m) and s.49.143(5)(a).

"The department may request from any person any information it determines appropriate and necessary for the administration of this section, ss. 49.19, 49.46, 49.468 and 49.47 and programs carrying out the purposes of USC 2011-2029. Any person in this state shall provide this information within seven days after receiving a request under this subsection."

DISCLOSURE/CONSENT

I understand that information on my previous wages and employment from the records of the Unemployment Insurance program may be shared with the W-2 agency (which may be either a public or a private organization) to verify the accuracy of the information provided on this application.

SIGN IN THE PRESENCE OF AN AGENCY REPRESENTATIVE

I understand the questions and statements on this application form. I understand the penalties for giving false information or breaking the rules. I certify, under penalty of law, that my answers are correct and complete to the best of my knowledge, including information about the citizenship or alien status of each household member. I agree to provide documents to prove what I said. I understand that the W-2 agency may contact other persons or organizations to obtain necessary proof of my eligibility and level of benefits.

Did the Community Reinvestment Service provide benefits that must be applied toward the 60-month lifetime limit?

☐ Yes

☐ No

☐ **If the answer is YES, I have been provided with information regarding time limited benefits, including the Guide to Time Limits pamphlet. I agree and understand that the service(s) received will be applied toward my 60-month lifetime benefit limit.**

Signature of Primary Person	Date
Signature of Other Adult	Date
Signature of Authorized Representative	Date
Signature of Agency Witness	Date

TEMPLATE

W-2 COMMUNITY REINVESTMENT MANUAL DATA REPORT

W-2 AGENCIES MUST SUBMIT THIS FORM FOR FEDERAL REPORTING PURPOSES FOR COMMUNITY REINVESTMENT SERVICES THAT MEET THE FEDERAL DEFINITION OF ASSISTANCE, AND MUST COUNT TOWARD THE 60-MONTH LIFETIME LIMIT. **THIS FORM ALSO DOCUMENTS TANF ELIGIBILITY. W-2 AGENCIES THAT FAIL TO COLLECT AND PROVIDE DATA FOR CASES MEETING THE DEFINITION OF ASSISTANCE DO SO AT THEIR OWN RISK.**

W-2 Agency			Reporting Month		
Community Reinvestment Services			Benefit Amount		
CASEHEAD INFORMATION Name				Social Security Number	
Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female				Date of Birth	Marital Status
U.S. Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No			Alien Registration Number		
Qualified Alien <input type="checkbox"/> Yes <input type="checkbox"/> No					
Check the ethnic group of the person applying. You do not have to answer this question, but it will help determine compliance with the Federal Civil Rights Act of 1964. Your answer will not affect your application.					
<input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> White <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian or Pacific Islander					
Highest Grade Completed: _____			Highest Educational Degree Attained <input type="checkbox"/> Grade School <input type="checkbox"/> GED <input type="checkbox"/> High School Diploma <input type="checkbox"/> Technical College <input type="checkbox"/> University/College <input type="checkbox"/> College Degree(s) (list)		
Is person disabled receiving Supplemental Security Income (SSI)? <input type="checkbox"/> No <input type="checkbox"/> Yes					
Is person disabled receiving Social Security Disability Insurance (SSDI)? <input type="checkbox"/> No <input type="checkbox"/> Yes					
Basic Family Information					
Names	Relationship to Casehead	Citizenship	Ethnic Group	Birth Date	Highest Educational Level Attained Highest Educational Degree Attained
Family Income: list all family members income					
Employment Income (Including Self-Employment)					
Family Member	Employer			Monthly Gross Amount	Weekly Hours
				\$	
				\$	
				\$	
Unearned Income (such as child support, SSI, SSDI, inheritance, retirement, interest, grants, charity)					
Family Member	Source			Amount per Month	
				\$	
				\$	
				\$	
Participation Requirements					
Component:				Assigned Hours:	
Component:				Assigned Hours:	
Component:				Assigned Hours:	